

Washington Park Adult Hockey League Registration Form

Name: (Last)	_ (First)
Address:	
City:	Zip Code:
Phone:	DOB:
Email:	Jersey Size:
Position Desired to Play:	
Group sign up: (Limit of 3 to sign up with an	d all members must fill out a registration form)
1	
2	
3	
Check applicable fee: (Full amount due with	-
	ion due September 20, 2015.
A \$20 late fee applies for those allowed to regist. \$160 Fall Session \$80 Go	er after the deadline where there is still space available. alie Fall
Check applicable Payment Method: (please	circle credit card type)
Cash Check	Credit Card: MC Visa Discover
Credit Card #	Ехр
	s and Recreation Commission, the Jefferson City
-	ff, the City of Jefferson, and activity cosponsors from
	f the above named person in the program listed and
	sification on registration information will result in wed. The Department of Parks and Recreation has my
permission, both during and any time after to us	•
	spapers, and other media, and in any form for the
purpose of advertising or communicating the pu	rposes and activities of the Department of Parks and
Recreation.	
Signature:	Date:

Please return this registration form with full payment and the signed last page of the Adult Hockey League packet to:

Washington Park Ice Arena 711 Kansas Street Jefferson City, MO 65101

Email to: Kerri Gates at kgates@jeffcitymo.org

Mail to: Jefferson City Parks & Recreation

Attn: Kerri Gates 427 Monroe St.

Jefferson City, MO 65101

Fax to: 573-634-6489